

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20527

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Clinton

Registration District No. 399

Primary Registration District No. 2703

File No. 1300

Registered No. 1300

St. Mo. Ward 1

**2. FULL NAME**

(a) Residence, No. 2703 East 27th St. Mo. Ward 1

(Usual place of abode) Length of residence in city or town where death occurred 3 yrs. mos. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iola Mae

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1853

7. AGE YEARS 81 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 years 11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia

13. NAME Andrew Logan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Iola Mae Logan

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park Cemetery June 18th 1934

19. UNDERTAKER (ADDRESS) Robert Williams

20. FILED 6-18 1934 M. M. Logan Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1934

22. I HEREBY CERTIFY, that I attended deceased from May 19, 1934, to June 15, 1934

I last saw him alive on June 15, 1934. Death is said to have occurred on the date stated above, at 5:45 A.M. The principal cause of death and related causes of importance were as follows:

Uremia and chronic  
interstitial nephritis and  
acute cystitis 131  
137  
135B  
Date of onset May 19

Other contributory causes of importance: chronic prostatitis

Name of operation none Date of 131

What test confirmed diagnosis? 131 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. A. Hobbs, M. D.

(Address) 3321 E 80th St

Kansas City

mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

JUL 17 1934

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921

821

